(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL063024 02/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE **CAROLINA HOUSE OF PINEHURST** PINEHURST, NC 28374 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on February 4, 2015. Records indicate this facility was first licensed or submitted as a Home for the Aged serving 76 residents, 19 of which reside in the special care unit, on 2/16/1998. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1996 (1998 Revision) North Carolina State Building Code(s), Section 409 - Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, dirty/clogged building components and equipment in disrepair. Findings: on February 4, 2015: a. The return HVAC grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL063024	B. WING		02/0	4/2015
	PROVIDER OR SUPPLIER	URST 17 REGIO	DRESS, CITY, S NAL DRIVE ST, NC 2837	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	not limited to:	reparation area,	C 164			
C 188	All adult care home locations at sinks, to building shall have This Rule is not med. Based on Obsermaintain in a safe receptacles near were sidents, staff and	PHYSICAL PLANT 10 ELECTRICAL OUTLETS electrical outlets in wet bathrooms and outside of ground fault interrupters.	C 188			
	Findings on Februa a. The electrical p within six feet of we	ary 4, 2015: sower receptacles that are set areas did not have ground the following locations to the deductions to				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, ambing equipment in an adult amaintained in a safe and	C 189			

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STATE FORM 5699 Z1OU21 If continuation sheet 2 of 10

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
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		HAL063024	B. WING		02/	04/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAROLINA HOUSE OF PINEHURST			NAL DRIVE ST, NC 2837	74		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	maintained in a saffailing to ensure that done without the use knowledge or effort and visitors if some Findings on Februara. 100 Hall Loung equipped with a bar Deficiency corrected departed the site. 2. Based on obsemaintained in a saff because of obstruct could affect all residency corrected in the contained in Rose Findings on Februara. The pendant staff 200 Hall Storage Redisrupted with large	ervation, the Building was not e and operating condition, by at egress from all areas can be se of keys, tools or, special and the condition of the condition o				
	maintained in a saf because the exit sig directional informat all residents, staff a	rvation, the Building was not e and operating condition, gn, did not work or relay ion properly. This would affect and visitors if they could not way to an exit during and				
	emergency. Findings on Februa a. The exit sign di when the test butto locations to include i. Exit near Bedro ii. Exit near Bedro b. Some exit sign	ary 4, 2015: Id not work on backup power In was pushed at the following But not limited to: Identify the second state of the s				
		present the way out of the emergency at the following				

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STATE FORM Z10U21 If continuation sheet 3 of 10

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
VIAD LITAIN	OF CONNECTION	IDENTIFICATION NOIVIDER.	A. BUILDING:	01	COIVIP	1-0
		HAL063024	B. WING		02/0	4/2015
NAME OF F	PROVIDER OR SUPPLIER	CTDEFT ADI	DESS CITY O	STATE, ZIP CODE		
NAIVIE OF F	-ROVIDER OR SUPPLIER			STATE, ZIF CODE		
L CAROLINA HOUSE OF PINEHURST			NAL DRIVE	7.4		
		PINEHUR	ST, NC 283	/4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
		·		DEFICIENCY)		
C 189	Continued From pa	ge 3	C 189			
C 109	Continued From pa	ge 3	0 109			
ı	locations to include					
		ection near 200 Hall Lounge				
		d before Construction Surveys				
	departed the site.	and a Dames M. II				
	•	noke Barrier Wall near				
	Bedroom 303 direct					
	departed the site.	d before Construction Surveys				
		m 409 direct you left,				
	III.LXII NEAI DEGIOOI	11 409 direct you left,				
	4. Based on obse	rvation, the Building was not				
		e and operating condition,				
		cal power system was not				
		ely. This would affect all staff,				
	by allowing unsafe	conditions to persist.				
	Findings on Februa					
		being stored directly in front				
		ls, encroaching upon the				
		ing space at the following				
	locations to include					
		set on the "200 Hall,"				
	ii. Time Clock Ro	om.				
	5. Based on obse	rvation, the Building was not				
		e and operating condition,				
		or doors did not resist the				
		due to door leafs not fitting				
		n acceptable gaps under				
		e. This could affect all				
		visitors if the doors did not				
		in the room of origin.				
	Findings on Februa					
		om had a gap ranging from 0				
		the top edge of the door and				
	the bottom of the do					
		Corridor door had a gap				
		4 inch between the top edge				
		bottom of the doorframe's				
	stop.					

Division	of Health Service Re	egulation	•		•	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SL COMPLE						
			B 14/10			
		HAL063024	B. WING		02/0	4/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
CAROLII	NA HOUSE OF PINEH	HIRST	ONAL DRIVE RST, NC 2837	74		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 4	C 189			
	maintained in a safe because the corridor passage of smoke positively/automatic under normal closin residents, staff and latched and did not room of origin. Findings on Februa a. The Kitchen Of not close, b. The Kitchen Of loose from the wall, c. The Laundry roothe wall, d. The Health and rubs the floor and wall to the safe because breaches fire-resistance-rate integrity. This could	ffice door rubs the floor and wiffice doorframe was broken on doorframe was loose from the Wellness Director Office doo will not close. Envations, the Building was not be and operating condition, through the doonstruction invalidated its affect all residents, staff and				
	visitors if smoke/fire compartment of original Findings on Februa					
	a. Sprinkler Riser cables and hood suthrough the ceilingb. 300 Hall Security	Room had gaps around uppression system conduits assembly, ity Office had gaps around				
	gaps around cables d. A leak had dete (tape and joint com the vending machin	across from Bedroom 405 had s through ceiling the assembly eriorated the ceiling assembly, pound coming apart), about nes,				
		the SCU did not completely				

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 C 189 8. Based on Observation, the Building was not	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE COMPI	
NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF PINEHURST 17 REGIONAL DRIVE PINEHURST, NC 28374 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Continued From page 5 8. Based on Observation, the Building was not					
CAROLINA HOUSE OF PINEHURST 17 REGIONAL DRIVE PINEHURST, NC 28374 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 C 189 C 189 8. Based on Observation, the Building was not		HAL063024	B. WING	02/0	4/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Continued From page 5 8. Based on Observation, the Building was not	NAME OF PROVIDER OR SUPPLIE	JER STREET AD	DRESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Continued From page 5 8. Based on Observation, the Building was not	CAROLINA HOUSE OF PIN	NEHLIRST			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(Y4) ID SUMMARY S		·	'S PLAN OF CORRECTION	(X5)
8. Based on Observation, the Building was not	PREFIX (EACH DEFICIENT	ENCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRI	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE	COMPLETE DATE
	C 189 Continued From	n page 5	C 189		
because some building components are felling to function as original intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on February 4 2015: a. The Kitchen exterior door had a ½ inch gap between the threshold and the bottom of the door sweep, b. The Time Clock Room exterior door had a 3¼ inch gap between the threshold and the bottom of the door, c. The lower half of the Time Clock Room exterior door was delaminating/rotting, d. The Exit door near Bedroom 403 had a 1 inch gap between the threshold and the bottom of the door. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on February 4 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to: i. Time Clock Room, b. There was no emergency lighting provided at the following locations to include but not limited to: ii. Vestibule to Exit near Bedroom 403, ii. Vestibule to Exit near Bedroom 412, 10. Based on observation, the Building was not	8. Based on Obmaintained in a specause some befunction as origin residents, staff a weather can enter does not work. Findings on Febra. The Kitchen between the thresweep, b. The Time Clo 3/4 inch gap betwoottom of the doc. The lower haexterior door was d. The Exit doo gap between the door. 9. Based on obmaintained in a specause the emeilluminates the equotages, did not all residents, staff pathways were noutages and therefindings on Febra. The wall-more light did not work button was pusheinclude but not liri. Time Clock Fib. There was not the following locato: i. Vestibule to Iii. Vestibule to Iii. Vestibule to Iii. Vestibule to Iii.	Observation, the Building was not safe and operating condition, building components are felling to inal intended. This could affect all and visitors if insects, vermin or ter the building or a component or ter the building or had a 1½ inch gap reshold and the bottom of the door. Clock Room exterior door had a tween the threshold and the bottom of the or, and for the Time Clock Room as delaminating/rotting. Or near Bedroom 403 had a 1 inch the ethreshold and the bottom of the observation, the Building was not safe and operating condition, hergency lighting, which the egress pathways during power that work properly. This would affect aff and visitors if the egress not illuminated during the power the was no other illumination. For the power was no other illumination. Or the Building was not safe and operating condition, hergency lighting the power was not illuminated during the power was no other illumination. For the power was not the power was not illuminated was not il	C 189		

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
		HAL063024	B. WING		02/0	4/2015
CAROLINA HOUSE OF PINEHURST 17 REGIO PINEHUR			DORESS, CITY, S DNAL DRIVE RST, NC 283	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 189	because by not have gress system. This staff and visitors by an emergency for not findings on Februaria. The delayed egrequired signage sets SOUND, DOOR CASECONDS." at the but not limited to: i. Exit near Bedrow ii. Exit near Bedrow iii. Exi	ring properly working delayed is could affect all residents, in potentially delaying exiting in more than an acceptable time. It y 4 2015: Igress doors did not have the aying "PUSH UNTIL ALARM AN BE OPENED IN 15 following locations to include from 403, from 412. Ervation, the Building was not be and operating condition, fridor doors were held open by release with a push or pull of gothe doors from being closed. This could affect all visitors by not containing the room of origin. Inty 4 2015: SCU was blocked open with	C 189			
C 191	Unvented & Portable SECTION .0300 - F	le Elec. Heaters Prohibited	C 191			
	10A NCAC 13F .03 REQUIREMENTS (b) There shall be a maintain 75 degree winter design conditional following shall apply appliances. (2) Unvented fuel by					

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-	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL063024	B. WING		02/0	4/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CAROLII	NA HOUSE OF PINEH	HRST	NAL DRIVE ST, NC 2837	74		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 191	(k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on Obse provide an environr Rule. This could aff visitors if heater we The danger increas combustible materia Findings on Februa a. A portable elect Sales Managers Of	apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: ervation, the facility failed to nent in accordance with this ect all residents, staff and re the ignition source of a fire. es if used by resident or all were near. ry 4, 2015: tric heater was found in the	C 191			
	resident activity or rused except under degree of staff super facility's assessmer resident. The opera have a locking featic controlled by staff. (5) Ovens, ranges resident rooms shaprovided, controlled equipment by reside by the facility to be equipment in a safe (k) This Rule shall facilities with the except assessment or staff.	and cook tops located in recreational areas shall not be facility staff supervision. The ervision shall be based on the at of the capabilities of each ation of the equipment shall are provided, that shall be and cook tops located in and cook tops located in the law a locking feature by staff, to limit the use of the ents who have been assessed incapable of operating the emanner. apply to new and existing ception of Paragraph (e) by to existing facilities.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
		HAL063024	B. WING		02/	04/2015
	PROVIDER OR SUPPLIER	URST 17 REGIO	DRESS, CITY, S NAL DRIVE ST, NC 2837	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 193	1. Based on Obse provide an environr by not providing pro This could affect all the powered unit conearby combustible Findings on Februa a. The range in the powered up and stawere not in the room	ervation, the facility failed to ment in accordance with Rule oper control over the range. I residents, staff and visitors as ould burn someone or ignite e material.	C 193			
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhautwo cubic feet per requirement does rebefore April 1, 1984 these specified spat (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app This Rule is not med 1. Based on Observide an environmed requipment/componer	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. et as evidenced by: ervation, the facility failed to ment in accordance with this	C 199			

Division of Health Service Regulation

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL063024	B. WING		02/0	4/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
L CAROLINA HOUSE OF PINEHURST			NAL DRIVE ST, NC 283	74		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 199	subjecting them to in the event of a fire completely to conta origin. Findings on Februa a. The spot exhaudampers have an edust/lint in the follownot limited to: i. Bedroom Suite ii. Resident Laundiii.Mop Sink Room oiv.Kitchen Houseke v. Bio Hazards Rould an environment Rule by not having odors are generate residents, staff and odors. Findings on Februa a. The was no ver locations to include i. Housekeeping	odors not being removed and e the dampers does not close in the fire within the room of ary 4, 2015: Just fan and their radiation excessive accumulation of wing locations to include but 107, dry on 100 Hall, fon 100 Hall, fon 100 Hall, fon ervation, the facility failed to ment in accordance with this ventilation in areas where d. This could affect all visitors by subjecting them to ary 4, 2015: Intilation to the following	C 199			